

USCG Report of Marine Accident Form
Submitted by Central Boat Rentals

(4) Pages

SECTION III. PERSONNEL ACCIDENT INFORMATION																			
27. Person Involved <input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input checked="" type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) Rodney Lewis 27b. Address (City, State, Zip Code) P.O. Box 732, Amelia, LA 70340		27c. Status <input checked="" type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other															
28. Birth Date 10/13/61	29. Telephone No. 985-631-0088	30. Job Position Deckhand		31. (Check here if off duty) <input type="checkbox"/>															
32. Employer - (If different from Block 18., fill in Name, Address, Telephone No.) Central Boat Rentals, Inc.																			
33. Person's Time <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">A. IN THIS INDUSTRY -</td> <td style="width: 10%;">YEAR(S)</td> <td style="width: 10%;">MONTH(S)</td> </tr> <tr> <td>B. WITH THIS COMPANY -</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>C. IN PRESENT JOB OR POSITION -</td> <td><u>5</u></td> <td><u>4</u></td> </tr> <tr> <td>D. ON PRESENT VESSEL/FACILITY -</td> <td><u>4</u></td> <td><u>4</u></td> </tr> <tr> <td>E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -</td> <td>_____</td> <td>_____</td> </tr> </table>			A. IN THIS INDUSTRY -	YEAR(S)	MONTH(S)	B. WITH THIS COMPANY -	_____	_____	C. IN PRESENT JOB OR POSITION -	<u>5</u>	<u>4</u>	D. ON PRESENT VESSEL/FACILITY -	<u>4</u>	<u>4</u>	E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -	_____	_____	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) Towing 35. Was the Injured Person Incapacitated 72 Hours or More? Yes 36. Date of Death	
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E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -	_____	_____																	
37. Activity of Person at Time of Accident Deckhand																			
38. Specific Location of Accident on Vessel/Facility Athena 106																			
39. Type of Accident (Fall, Caught between, etc.) Explosion		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.) Burns																	
41. Part of Body Injured Face, neck and arms		42. Equipment Involved in Accident																	
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury.																			
SECTION IV. DESCRIPTION OF CASUALTY																			
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary). <p>While the MISS MEGAN was moving the spud barge, ATHENA 106, one of its spuds released and hit a pipeline triggering an explosion.</p>																			
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SECTION V. PERSON MAKING THIS REPORT				47c. Title Attorney															
47. Name (PRINT) (Last, First, Middle) Rufus C. Harris, III		47b. Address (City, State, Zip Code) 650 Poydras Street, Suite 2710 New Orleans, LA 70130		47d. Telephone No. 504-525-7500															
47a. Signature				47e. Date															
FOR COAST GUARD USE ONLY			REPORTING OFFICE:																
MISLE Incident Investigation Activity Data Entry: <input type="checkbox"/> NONE <input type="checkbox"/> PRELIMINARY <input type="checkbox"/> DATA COLLECTION <input type="checkbox"/> INFORMAL <input type="checkbox"/> FORMAL			MISLE Incident Investigation Activity Number (if applicable)																
Serious Marine Incident <input type="checkbox"/> Yes <input type="checkbox"/> No Major Marine Casualty <input type="checkbox"/> Yes <input type="checkbox"/> No	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE															

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28. Birth Date 8/10/58	29. Telephone No.	30. Job Position Captain	31. (Check here if off duty) <input type="checkbox"/>																		
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U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. COAST GUARD
CG-2692 (Rev. 06-04)

REPORT OF MARINE ACCIDENT, INJURY OR DEATH

RCS No. G-MOA
MISLE NOTIFICATION NUMBER

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility MISS MEGAN		2. Official No. 1048911	3. Nationality U.S.	4. Call Sign	5. USCG Certificate of Inspection Issued at:
6. Type (Towing, Freight, Fish, Drill, etc.) Towing		7. Length 52.0	8. Gross Tons 52 GRT	9. Year Built 1996	10. Propulsion (Steam, diesel, gas, turbine...) Diesel
11. Hull Material (Steel, Wood...) Steel	12. Draft (FL - in.) FWD AFT.	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)		14. Date (of occurrence) 10/12/06	15. TIME (Local) 12:00pm
16. Location (See Instruction No. 10A) West Cote Blanche Bay				17. Estimated Loss of Damage TO:	
18. Name, Address & Telephone No. of Operating Co. Central Boat Rentals, Inc. P.O. Box 2545, Morgan City, Louisiana 70381 985-384-8200				VESSEL \$350,000.00 CARGO _____ OTHER _____	
19. Name of Master or Person in Charge Captain Timothy Tauzin		USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO State License <input type="checkbox"/> YES <input type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code) 1212 Arnouco Rd, New Iberia, LA		19b. Telephone Number		20a. Street Address (City, State, Zip Code) 20b. Telephone Number	

21. Casualty Elements (Check as many as needed and explain in Block 44.)

NO. OF PERSONS ON BOARD 2	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input checked="" type="checkbox"/> DEATH - HOW MANY? 1	<input type="checkbox"/> CAPSIZING (with or without sinking)	<input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.)
<input type="checkbox"/> MISSING - HOW MANY?	<input type="checkbox"/> FOUNDERING OR SINKING	<input type="checkbox"/> BLOW OUT (Petroleum exploration/production)
<input checked="" type="checkbox"/> INJURED - HOW MANY? 1	<input type="checkbox"/> HEAVY WEATHER DAMAGE	<input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.)
<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.)	<input type="checkbox"/> FIRE	<input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.)
<input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT:	<input checked="" type="checkbox"/> EXPLOSION	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED	<input type="checkbox"/> COMMERCIAL DIVING CASUALTY	
<input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.)	<input type="checkbox"/> ICE DAMAGE	
<input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE	<input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION	
	<input type="checkbox"/> STEERING FAILURE	
	<input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE	
	<input type="checkbox"/> ELECTRICAL FAILURE	
	<input type="checkbox"/> STRUCTURAL FAILURE	

22. Conditions

A. Sea or River Conditions (wave height, river stage, etc.)	B. WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____	C. TIME <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles of visibility) _____
				F. AIR TEMPERATURE (F) _____
				G. WIND SPEED & DIRECTION _____
				H. CURRENT SPEED & DIRECTION _____

23. Navigation Information

<input type="checkbox"/> MOORED, DOCKED OR FIXED	SPEED AND COURSE _____	24. Last Port Where Bound	24a. Time and Date of Departure
<input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING			

25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED Empty _____ Loaded _____ Total 2	25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S) Length _____ Width _____	25d. (Describe in Block 44.) <input checked="" type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW
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SECTION II. BARGE INFORMATION

26. Name Athena 106 & IBR-234	26a. Official Number	26b. Type	26c. Length	26d. Gross Tons	26e. USCG Certificate of Inspection Issued at:
26f. Year Built	26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE	26h. Draft FWD AFT	26i. Operating Company Athena Construction, L.L.C.		
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____		26k. Describe Damage to Barge Fire damages to barges and cargo			